

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>20228</i>	<i>10/20/00</i>
O.I.P.E. CLASSIFIER	<i>HT</i>		<i>10/25/00</i>
FORMALITY REVIEW		<i>70017</i>	
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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